


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 08:00 AM
Secretary of State


DOCUMENT # 432508	
1. Entity Name CLOVER INTERIOR SYSTEMS, INC.	

Principal Place of Business 616 N. TRAIL P O BOX 508 NOKOMIS FL 34274	Mailing Address 616 N. TRAIL P O BOX 508 NOKOMIS FL 34274
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
-------------------------	-------------------------

Zip	Country	Zip	Country
------------	----------------	------------	----------------


1st MOORE CR2E034 (10/04)

4. FEI Number 59-1511437	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent DEFALCO JR., JOSEPH 505 LYONS BAY ROAD NOKOMIS FL 33555

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	---	-------------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE	NAME
D <input type="checkbox"/> Delete	DEFALCO, JOSEPH
STREET ADDRESS	505 LYONS BAY ROAD
CITY - ST - ZIP	NOKOMIS FL
D <input type="checkbox"/> Delete	PIZZO, LIBORIA
STREET ADDRESS	213 A RUBENS DR
CITY - ST - ZIP	NOKOMIS FL
ST <input type="checkbox"/> Delete	DEFALCO, MARY ANN
STREET ADDRESS	505 LYONS BAY ROAD
CITY - ST - ZIP	NOKOMIS FL
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
000000201432 <input type="checkbox"/> Change <input type="checkbox"/> Addition	01/28/05-80067-010 150.00
STREET ADDRESS	
CITY - ST - ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  MARY ANN DEFALCO 1/25/05 941-484-1300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>